

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, 3 and 9. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece or on the front if space permits. 		<p>AS Signature  <input type="checkbox"/> As Person <input type="checkbox"/> As Person <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Addressee</p> <p>1B. Received by (Printed Name) <input data-bbox="1283 396 1347 410" type="text" value="William R. Dill, Ph.D."/> On Date of Delivery <input data-bbox="1283 417 1347 431" type="text" value="10/11/01"/></p> <p>1D. Is delivery address different from item 1? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES enter delivery address below: <input data-bbox="1283 467 1347 482" type="text" value="William R. Dill, Ph.D."/></p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES</p> <p>5. Article Number (Transit, Postmark) 7002 2030 0002 9087 2125</p> <p>6. Domestic Return Receipt</p> <p>PS Form 3811 August 2001 102595-02-M-1549</p>	